

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	j					
10		j				
11		j				
12		j				
13		j				
14		j				
15		j				
16		j				
17	/					
18		1				
19		1				
20		1				
21		1				
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49						
50						
TOTAL IND.			↓			
TOTAL DEP.			←	↓	←	↓
TOTAL CLAIMS						

	*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←	↓	←	↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS